FOR FAMILIES AND FRIENDS OF OLDER ADULTS

MEDICARE Basics

A GUIDE FOR CAREGIVERS

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MEDICARE Basics

A Guide for Caregivers

As your parents, grandparents, relatives or friends face health care decisions, they might need to rely on you for help. Medicare can be an important factor in many of those health care decisions. But at this point, you may not be familiar with Medicare basics or other senior services. This booklet is for you.

Medicare Basics highlights eight "decision points" related to the health or overall well being of an older person. For each of these decision points, you'll find basic information about Medicare and suggestions on finding more detailed information. Words you see in bold are defined in the glossary.

Although *Medicare Basics* is directed to issues for the elderly, younger people with disabilities who have Medicare might face similar needs and issues. This publication might also be helpful in identifying services for them.

Medicare Basics explains the Medicare program. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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Decision Points

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QUICK FINDER

www.medicare.gov

www.medicare.gov is the official U.S. Government website for people with Medicare. It is an easy-to-use, comprehensive resource. Check out:

Medicare Personal Plan Finder—Helps you compare Medicare options including Medicare Health Plans, Original Medicare and Medigap (Medicare Supplement Insurance) in your area.

Helpful Contacts—Organizations you can call toll free or reach by e-mail for health care information and information to help make health care decisions for family and friends.

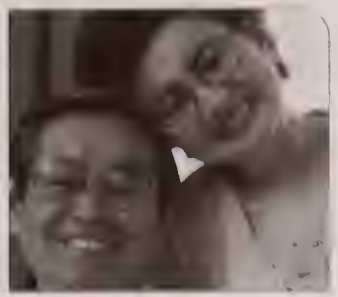
Nursing Home Compare—Locate Medicare and/or Medicaid certified nursing facilities in your area and compare several quality ratings.

Publications—Free Medicare publications to view, order, or download. (The "Medicare & You" handbook CMS Pub. No. 10050 offers a good general reference.)

Prescription Drug Assistance Programs—Points you to programs that offer discounts or free outpatient prescription drugs to people who need them.

You can get information and help with your Medicare questions 24 hours a day by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Learning the basics.



"How are my retired parents paying for their health care? What sort of coverage do they have?"

START HERE

It will be necessary to learn what kind of coverage your parents have. The information on the Medicare card is private. Your parents can check on their own coverage by calling the Social Security Administration (SSA) helpline or their local Social Security Office. To contact the SSA, see Find Out More, below.

To check on their behalf, ask them to join you on the call. Otherwise, they can authorize the Medicare information to be released to you.

To do so, they'll need to complete an "Appointment of Representative" form (Form CMS 1696-U4). A similar form allows you to access information about benefits from both the SSA and Medicare. This form is SSA-1696-U4. To request these forms, see Find Out More, below.

TAKE NOTE: In addition to Medicare coverage, your parents may have a Medigap policy, a health plan with a former employer, or other insurance that can also help pay for health care needs.

BASIC INFORMATION

Medicare is the federal health insurance program for people age 65 or older. It also covers certain younger people with disabilities and people with End-Stage Renal Disease.

GETTING MEDICARE: If your parents are 65 or over and are already getting Social Security benefits, they will be enrolled automatically in Medicare. A Medicare card will be mailed to each of your parents about 3 months before their 65th birthday. The card will show whether they have **Part A** coverage (Hospital Insurance) and **Part B** (Medical Insurance). Most people do not have to pay a monthly premium for Medicare Part A when they turn 65 because they or a spouse paid Medicare taxes while they were working. Most people do pay a premium for Part B.

If your parents are not getting Social Security benefits when they turn 65 (for example, if they are still working) they will have to sign up for Medicare. Call the SSA to find out more.

Your state has programs that pay some or all of the Medicare premiums for people with limited incomes. Call your state's Medical Assistance Office to learn about Medicare Savings Programs or look at www.medicare.gov and select publications.

DID YOU KNOW? Medicaid is not the same as Medicare. Medicaid is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Coverage varies from state to state. A person may have both Medicaid and Medicare (this is referred to as dual eligible).

FIND OUT MORE

GET DETAILS

Look for detailed benefit information about Medicare at www.medicare.gov. Or call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

CENTERS FOR MEDICARE & MEDICAID SERVICES

www.medicare.gov This site has a full range of Medicare information.

Select Medicare Eligibility, Enrollment and Premiums. Learn about Medicare coverage and eligibility criteria.

To verify Medicare coverage call the Social Security Administration (SSA) at 1-800-772-1213. Or, go to **www.ssa.gov**

To get a Medicare CMS 1696 form, the "Appointment of Representative" form call 1-800-MEDICARE (1-800-633-4227). Or download from **www.medicare.gov**

To get a SSA 1696-U4 form: call the SSA at 1-800-772-1213. Or, download from **www.ssa.gov**

To find out about Medicare Savings Programs: call your state Medical Assistance Office. You can get the number from your local telephone directory or call 1-800-MEDICARE (1-800-633-4227).

MEDICARE OPTIONS

Today's Medicare is about choice. Medicare offers different ways to get Medicare benefits, as well as giving the tools needed to make the best choice.

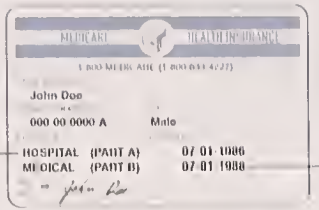
Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). Most people do not pay for Part A. However, Part B requires a monthly premium. Some people have only Part A or Part B, but most people have both. Medicare doesn't pay for outpatient prescription drugs.

The **Original Medicare Plan** is a pay-per-visit health plan that lets people with Medicare go to any doctor, hospital, or other health care provider who accepts Medicare. Medicare pays its share of an approved amount and the cardholder pays the rest.

Medicare + Choice Plans such as **Medicare Managed Care Plans** (for example HMOs) and **Medicare Private Fee-for-Service Plans** are available in many areas of the country. If your parents join one, they will get their Medicare-covered benefits through the plan. They may get extra benefits, like coverage for outpatient prescription drugs or additional days in the hospital.

MORE OPTIONS: **Medigap policies** are Medicare supplement insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage, such as out-of-pocket costs for Medicare coinsurance and deductibles, or for services not covered by Medicare. These policies can reduce out-of-pocket costs if those costs exceed the monthly Medigap premiums. There may be several different Medigap plan options available in your state.

MEDICARE PART A (usually no premium) helps pay for inpatient hospital care, skilled nursing facility care following a hospital stay, hospice care, and some home health care



Medicare Part B (premium) helps pay for doctors' services, outpatient hospital care, and some other medical services when they are medically necessary.

Not covered by Part A or Part B: outpatient prescription drugs (except in very limited circumstances), long-term custodial care in a nursing home.

Snapshot of Coverage Under Original Medicare

		Medicare Helps Pay	Medicare Doesn't Pay
Doctor's Care	Second Opinion by a Medicare Approved Doctor	●	
Long-term Care	Custodial Care		○
Laboratory Services	Clinical Laboratory Services	●	
Emergency	Emergency Care	●	
Health Care	Health Care While Traveling Outside the U.S.		○
Therapy	Outpatient Mental Health Care (50% of approved amount)	●	
People at Risk	Some Diabetes Services/Supplies (insulin and syringes)	●	○
	Therapeutic shoes for people with diabetes, if specific conditions are met	●	

The Original Medicare Plan typically covers 80 percent of the allowable cost. Additional conditions will apply.

Select Publications: "Medicare & You" and "Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy."

Select Medicare Personal Plan Finder. Learn about Medicare health plan choices in your area.

Select Participating Physician Directory. Locate Medicare-participating physicians in your area.

Select Helpful Contacts: State Health Insurance Assistance Programs (SHIP). Learn about additional insurance available in your state.

www.aoa.gov
The U.S. Administration on Aging site offers a wide variety of information for seniors and caregivers, including the Eldercare Locator.

www.eldercare.gov
Use the AoA Eldercare Locator to learn about private insurance, community programs, Medicaid, and your closest Area Agency on Aging (AAA) program. Or call 1-800-677-1116.

www.nahu.org
National Association of Health Underwriters. Medigap policies are usually purchased through an agent. Select "Find an Agent" to locate an agent near you.

Planning for a healthy future

"My grandparents are having more and more health problems and Granddad seems really frail. How can I help them before things get worse?"

START HERE

Finding that the people you've always relied on may now need your help can be hard. Begin to assess the situation by talking with them and other family members about their health care needs, as well as permission to act on their behalf.

Help them focus on preventive care: healthy lifestyles, such as regular activity, eating a variety of foods, and maintaining social connections are important to health in later life. Also, remind them to protect their health by using Medicare's preventive care services.

PLAN NOW While it is important to be sensitive to privacy, asking them to share some personal information about doctors, medications, and medical histories will help you better plan for their health care needs.

Talk to your older relatives about what they want and don't want you to do. Some people decide to authorize a family member or trusted friend to make the decisions about their medical care. This is done through a Power of Attorney or a durable Power of Attorney for health care. Contact your State Health Insurance Assistance Program (SHIP) for more information.

Also, discuss a living will (a health care advance directive) with your relatives. Living wills give directions about the kind of health care they want—and who may speak for them—if they cannot speak for themselves. Again, your SHIP can assist you.

BASIC INFORMATION

At this point, you may be asking "what's a SHIP?" It's your State Health Insurance Assistance Program (SHIP). And, it is your one-stop resource for specific questions about Medicare-related issues. You can find the telephone number for the SHIP in your state by going to www.medicare.gov under "Helpful Contacts."

You can meet with a local representative or talk to a Medicare expert on the phone for personal assistance. A SHIP gives free health insurance counseling and guidance to people with Medicare—or to family and friends, like you, who have authorization to help an older relative with Medicare questions. (See page 4 for information about Appointment of Representative forms).

The counselors at your SHIP office can answer general questions about hospitalization, Medicare choices, and local programs that can offer additional help. They can also help you learn more about living wills and Power of Attorney procedures. When you have a Medicare concern that needs to be discussed, your SHIP is a good place to start for solutions.

See the inside back cover of this booklet to find the SHIP phone number for your state.

FIND OUT MORE

Find SHIP. See the inside back cover of this booklet to find the SHIP phone number for your state, to find the most current number go to www.medicare.gov, select "Helpful Contacts."

Local eldercare info. Call 1-800-442-2803 to find out how to contact your Area Agency on Aging.

www.medicare.gov
Select Publications. "Medicare & You" lists preventive care covered by Medicare. Select "Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy" (CMS Pub. No. 02110) for information about Medigap policies. You can also call 1-800-MEDICARE (1-800-633-4227) for this information.

www.aarp.org
Search caregiving. See "Care Giving. Changing Needs," a planning guide for caregivers. The AARP site serves the needs of people age 50 and older by providing information, education, advocacy, and community. Or call 1-800-424-3410.

www.caregiving.org
National Alliance for Caregiving
Select Reports and Products: "Caring Today, Planning for Tomorrow," a publication with advice and contacts for those caring for an older relative or friend from the National Alliance for Caregiving.

COMMUNITY OPTIONS

If you see yourself taking a greater role in caring for your older relatives, now may be a good time to gather information about community services. Take time to assess your older relative's needs for care—and your own needs as a caregiver. Consider getting help to manage your older relative's meals, transportation, social activities, and services to assist with other daily needs.

TAKE NOTE: There are many reliable organizations that can help you that are devoted to both health care and older people. See Find Out More below.

You can get help by calling your Area Agency on Aging, or the U.S. Administration on Aging. Also check with your county's Department of Social Services. It is listed with county government offices in your local phone directory. And, your local library can usually help identify senior centers and other senior services available in the area.

INFORMATION TO GATHER

- Social Security number
- Medicare Claim Number and Medicare plan enrollment
- Other insurance plans and policy numbers, including long-term care insurance
- Contact information for health care professionals: doctors; specialists; nurses; pharmacists
- Current list of prescription medications and their dosages
- Current health conditions, treatments, and symptoms
- History of past health problems
- Any allergies or food restrictions
- Emergency contacts, close friends, neighbors, clergy, housing manager
- Where to find financial and legal information

Snapshot of Preventive Tests and Services That Medicare Helps Pay For

		Medicare Helps Pay	Medicare Doesn't Pay
Shots	Pneumococcal Pneumonia	●	
	Flu	●	
	Hepatitis B, if at risk	●	
Exams	Pelvic Exam, including Pap Test	●	
	Clinical Breast Exam	●	
Screening	Colorectal Cancer	●	
	Prostate Cancer	●	
	Mammogram	●	
	Glaucoma, once every 12 months	●	
People at Risk	Diabetes Services and supplies	●	
	Bone Mass Measurement	●	
	Glaucoma Screening	●	

The Original Medicare Plan typically covers 80 percent of the allowable cost. Additional conditions will apply.

www.healthfinder.gov
Search caregiving. Find a series of website resources, including government agencies, nonprofits, and universities, that address a variety of eldercare topics from the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

www.aoa.gov
Select Family Caregivers. See "Because We Care—A Guide for People Who Care" from the U.S. Administration on Aging.

www.benefitscheckup.org
A service from the National Council on Aging for eligibility information about federal and state programs including Social Security, Medicaid, food stamps, in-home services, pharmacy programs, and state programs.

Seeking second opinions. Chronic illness.

"My mother has been diagnosed with a serious condition and she is really concerned about the future. Can she seek a second opinion?"

START HERE

Facing a chronic health condition or surgery will raise questions and increase concerns for your mother or any other older person. Having your support is important. Talk with your mother about her condition and treatment and encourage her to recall exactly what her doctor said during visits. Going over the facts may relieve some concerns and give her a more realistic picture of the situation. And, having you to talk to will be comforting—and helpful as she makes health care decisions for her future.

Assure your mother that everyone with Medicare has the right to know what their choices are, discuss the choices with another doctor, and have their wishes considered.

BASIC INFORMATION

When a person's doctor recommends surgery or a major medical test, encourage the patient to get a second opinion—even a third opinion. Getting a third opinion is beneficial when the first and second opinions are different. Seeing a third health care provider can provide information that helps patients decide on the best course of action for their health.

Medicare covers second and third opinions for non-emergency surgery. Medicare pays for 80 percent of the approved amount for second and third opinions as necessary. The Original Medicare Plan also helps pay for certain medical tests that may be required to get additional doctors' opinions.

Examples of a non-emergency surgery are a gall bladder procedure, hysterectomy, hernia repair, or cataract operation. Check the Medicare resources under Find Out More (see below) to get more information about second opinions, surgery, and specific medical tests.

SEEKING ANOTHER OPINION: Medicare managed care plans may require the primary care doctor to give a written referral to another doctor for a second or third opinion.

TAKE NOTE: Always ask if a doctor or supplier accepts "assignment."

Assignment is an agreement between Medicare, doctors, health care providers, and suppliers to accept the Medicare-approved amount as payment in full.

FIND OUT MORE

Quick coverage check: Call 1-800-MEDICARE (1-800-633-4227) for quick information about what Medicare does and does not cover or check with your SHIP.

Learn about second opinions: Call 1-800-MEDICARE (1-800-633-4227).

Find Medicare participating physicians in your area: Call 1-800-MEDICARE (1-800-633-4227) or visit **www.medicare.gov** and select Participating Physician Directory.

Learn about assignment: Call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy of "Does Your Doctor or Supplier Accept Assignment?" (CMS Pub. No. 10134).

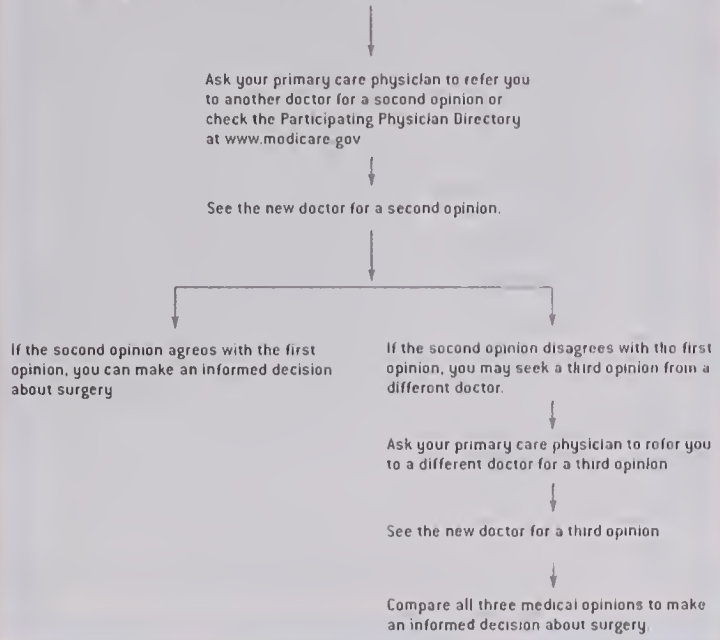
Learn about caregiver resources: Visit the website of the National Alliance for Caregiving at **www.caregiver.org**.

www.medicare.gov
Select Publications. "Getting a Second Opinion Before Surgery."

OTHER RESOURCES OF INTEREST:

www.alz.org
Find caregiver information and resources from the Alzheimer's Association. Or call 1-800-272-3900 for around the clock support.

STEPS TO SECOND OPINIONS


Non-emergency surgery has been recommended — and you want a second opinion.
Ask your primary care physician to refer you to another doctor for a second opinion or check the Participating Physician Directory at www.medicare.gov
See the new doctor for a second opinion.
If the second opinion agrees with the first opinion, you can make an informed decision about surgery
If the second opinion disagrees with the first opinion, you may seek a third opinion from a different doctor.
Ask your primary care physician to refer you to a different doctor for a third opinion
See the new doctor for a third opinion
Compare all three medical opinions to make an informed decision about surgery

COPING WITH ILLNESS

Helping your mother or relative cope with a serious health condition, especially over a long period of time, can be physically and emotionally draining.

If you are a caregiver, there are a few things you can do. Find someone with whom you can talk about your feelings — all of them are legitimate, even those that upset you. It is also important to set realistic goals. Balancing work, family, and time for yourself is difficult. Determine your priorities and turn to other people for help with some tasks. Carve out time for yourself, even if it is just an hour or two.

There should be resources in your community that can help. Check the newspaper or local library to locate a caregiver support group in your area. Sharing experiences with others can help you manage the stress, locate resources, and reduce feelings of isolation.

Talk to a professional who is trained to provide counseling on caregiving issues. Help may also be available through your employee assistance program.

If available, take advantage of respite care. Respite care is a service that provides temporary care for an older person. Respite care may mean help with a specific task or having health care providers care for your relative at home or in an extended care facility while you take time off. Medicare does not usually pay for respite care, but other help may be available.

www.alzheimers.org
The Alzheimer's Disease Education and Referral Center's website from the National Institute on Aging.

www.cancernet.nci.nih.gov
Credible, current comprehensive cancer information from the National Cancer Institute

www.diabetes.org
Research and information from the American Diabetes Association

www.ninds.nih.gov
Overview of Parkinson's disease from the National Institute of Neurological Disorders and Stroke

www.nia.nih.gov
Health information and resources regarding Alzheimer's disease from the National Institute on Aging.

Paying for outpatient prescription drugs

"My neighbor Al's medical conditions require him to be on a number of medications. Where can he get help to pay for his outpatient prescription drugs?"

START HERE

The Original Medicare Plan does not pay for outpatient prescription drugs. However, your state may offer discount programs or free medications programs that can help your neighbor get the medicines he needs. Check on what type of programs are available by calling your state Department of Aging or your local Area Agency on Aging.

Also check the Prescription Drug Assistance Programs Database at www.medicare.gov or call 1 800 MEDICARE (1 800 633 4227). It is a very good resource—providing information on prescription drug benefits offered through **Medicare + Choice** plans and **Medigap** policies. The database also lists a wide variety of programs that may help in your neighbor's situation.

You'll find contacts for state prescription drug assistance programs. And you'll learn about programs sponsored by pharmaceutical companies designed to help people who use their medications to be able to afford them. There are also disease-specific programs that help make medications available to patients.

BASIC INFORMATION

Although the Original Medicare health plan does not provide prescription drug coverage, there might be other Medicare options in your area that will. Remember, the Original Medicare Plan is the basic pay-per-visit health plan that allows the patient to go to any doctor, hospital, or other health care provider who accepts Medicare.

Medicare + Choice plans include alternatives such as Medicare **Managed Care** plans or **Private Fee-for-Service** plans. Many of these plans cover prescriptions.

Some Medigap policies also offer prescription drug coverage. Medigap policies are Medicare supplement insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. Medigap policies work only with the Original Medicare Plan. You cannot purchase a Medigap policy if you are in a Medicare + Choice Plan.

FIND OUT MORE

Prescription drug programs near you: Call your State Department of Aging. You can get their number from the Eldercare Locator. Call 1 800 677 1116 or visit www.eldercare.gov.

Easy research: go to **www.medicare.gov** and select Prescription Drug Assistance Programs for information on prescription drug programs, Medigap policies, or Medicare managed care plans with drug benefits. You can also call 1 800 MEDICARE (1-800-633 4227).

www.aarp.org
Select Health and Wellness for information on a variety of topics, including prescription programs, and health issues.

www.eldercare.gov
General information and prescription programs that may be available in your community or state. Or call 1-800-677-1116 and ask for a free copy of Pharmaceutical Programs for Seniors from the U.S. Administration on Aging.

Ask your elderly neighbor what type of Medicare plan he has and whether he has a Medigap policy or other supplemental insurance. If you would like to compare his existing Medicare prescription drug coverage against alternatives, visit www.medicare.gov and select "Medicare Health Plan Compare." This tool will help you to evaluate prescription drug needs relative to plan costs, other benefits, doctor choice, and convenience.

Your State Health Insurance Assistance Program (SHIP) office can also help you evaluate and compare plans. You can find the SHIP's number at www.medicare.gov, select "Helpful Contacts." While on the web or phone, you can compare the various plans and coverage available in your area by going to the Medicare Personal Plan Finder. Or call 1-800-MEDICARE (1-800-633-4227).

Prescription Drug Benefits

Original Medicare Plan

Medicare + Choice Plans
(varies by plan, with limits)

State Prescription Drug Assistance Programs
(varies per state)

Medigap Policies
(Plans H, I, J)

www.fda.gov/cder/drug/default.htm
The U.S. Food and Drug Administration site provides information about new prescription drug approvals, drug safety & side effects, public health alerts & warning letters, reports & publications, and special projects & programs

www.nlm.nih.gov/medlineplus/druginformation.html
The National Library of Medicine site includes a guide to more than 9,000 prescription and over-the-counter medications provided by the United States Pharmacopeia (USP) in the USP DI® and Advice for the Patient®

www.phrma.org/pap/
The Pharmaceutical Research and Manufacturers of America (PhRMA) site contains a searchable directory of prescription drug assistance programs that are available from PhRMA members.

www.rxassist.org
The Volunteers in Health Care RxAssist site contains helpful information about a national program, RxAssist, which is sponsored by the Robert Wood Johnson Foundation.

Help with hospitalization and other billing questions.

"Aunt Alice asked for my help. She is in the hospital, and I'm trying to figure out her bills."

START HERE

Medicare covers most inpatient hospital costs for a stay of less than 60 days.

- To answer a billing question about **Medicare Part A**, you will need to call the **Fiscal Intermediary** in your state.
- To answer a billing question about **Medicare Part B**, you will need to call the **Medicare Carrier**.

TAKE NOTE: The names and contact information are on the bills. You will need your aunt's Medicare Number to get information on specific bills and provider payments.

To answer a question about a **Medicare + Choice** or **Medigap** policy, you will need to call the benefits coordinator at the company or health plan that offers the plan. To locate phone numbers, you can also call 1-800-MEDICARE (1-800-633-4227) or go to www.medicare.gov.

Each state has a Fiscal Intermediary and Medicare Carrier for the Original Medicare Plan.

The Fiscal Intermediary pays Part A claims and can help you with questions about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. When you call, you may be referred to another company that handles claims.

The Medicare Carrier pays Part B claims and is your contact for information about Part B coverage, bills, and medical services, as well as fraud and abuse.

BASIC INFORMATION

Knowing about deductibles, coinsurance, and copayments also can help you understand Medicare billing:

> The **deductible** is the amount that a person must pay for health care before Medicare Part A or Part B begins to pay. These amounts can change every year.

> **Coinsurance** is the percentage (usually 20 percent) of the Medicare-approved amount that the person has to pay after paying the deductible for Part A and Part B.

> A **copayment** is a set amount the person pays for each medical service, like a doctor visit. Medicare + Choice plans might also require a copayment.

TAKE NOTE: When a person with Medicare is covered by more than one health insurance plan, the other insurance may pay the health care bills first. Such other insurance could include an employer's group health plan, no-fault insurance, any liability insurance, black lung benefits, veterans benefits, and workers' compensation. Make sure doctors and hospitals are aware of the other insurance so they will handle bills correctly.

FIND OUT MORE

Who pays first? Call the Coordination of Benefits Contractor at 1-800-999-1118 if you have other insurance and want to know who pays health care bills first.

www.medicare.gov
Select Publications "Outpatient Prospective Payment System" [CMS Pub. No. 02118] and "Medicare and Other Health Benefits: Your Guide to Who Pays First" [CMS Pub. No. 02179]. You can also request these publications by calling 1-800-MEDICARE [1-800-633-4227].

OTHER RESOURCES OF INTEREST:

www.healthfinder.gov
Information from many federal agencies, states, professional associations, nonprofit organizations, and universities

www.ncoa.org
Identify programs to improve older adults' quality of life from National Council on the Aging

www.seniors.gov
The federal website for seniors with a locator to find services near where you live or work

STATEMENT & BILLS

After a service is provided, before receiving a bill, people with the Original Medicare Plan get a Medicare Summary Notice (MSN). This is true for both Part A and Part B services. A MSN is not a bill. The MSN shows the amount that will be owed to the provider after Medicare has paid its part. It is best to receive the MSN before paying the provider. Notices and bills for Medicare + Choice plans and Medigap policies will look different than the MSN shown here.

Your aunt has certain guaranteed rights to help protect her. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. No matter how she gets her Medicare health care, she always has the right to appeal. Some of the reasons she may appeal are when:

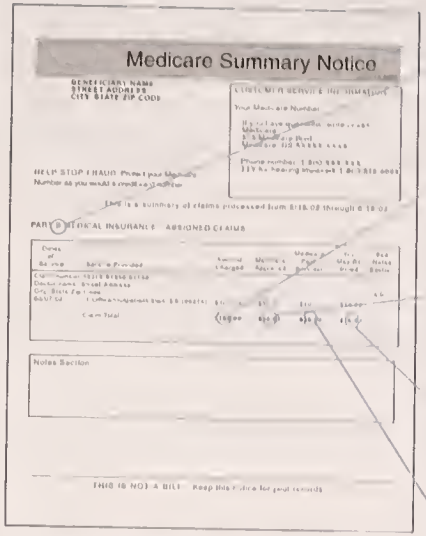
> She doesn't agree with the amount that is paid.

> A service or item isn't covered and she thinks it should be covered.

> A service or item is stopped before she thinks it should be.

The instructions for filing an appeal are either on the notice that explains what Medicare pays or in your aunt's health plan materials, depending on how she gets her Medicare health care. If she decides to file an appeal, ask her doctor or provider for any information that may help her case. You can also call her State Health Insurance Assistance Program (SHIP) for help filing an appeal. SHIP numbers are on the inside back cover of this publication.

For more information about your appeal rights, get a free copy of Your Medicare Rights and Protections (CMS Pub. No. 10112). Look at www.medicare.gov on the web and select "Puhlications," or call 1-800-MEDICARE (1-800-633-4227).



Note: Notices for Medicare + Choice and Medigap policies will look different.

Part B M ED
Dates of

Tells you if the service is covered under Part A or Part B

Amount Charged
$100 00

The charge submitted to Medicare by the provider of services

Medicare Approved
$60 00

The total amount that Medicare approved for the service

You May Be Billed
$10 00

What the provider bills you, including deductible, copayments, and non-covered charges [supplemental insurance may pay all or part of the amount]

Medicare Paid Provider
$40 00

Medicare usually pays 80% of the approved amount after the deductible is met

Snapshot of Original Medicare Coverage for Inpatient Hospital Stays (Medicare Part A)

		Medicare Helps Pay	Medicare Doesn't Pay
Care	General Nursing	●	
	Private Duty Nursing		O
Room	Semiprivate Room	●	
	Private Room (unless medically necessary)		O
Hospital Services	Meals	●	
	Television		O
	Telephone		O
	Most Services + Supplies	●	

Certain conditions will apply

Home health care and community services.

"Henry is doing better after his illness, but he may need some ongoing help. How do I find him the services he needs?"

START HERE

The right kind of support can go a long way to help people continue to lead independent, productive lives at home.

Start by checking with your friend or relative's doctor about what services are needed and who provides them. To find out if a patient is eligible for Medicare's **Home Health Care** services, call the **Regional Home Health Intermediary (RHHI)**. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of home health care. To contact a RHHI, call 1-800-MEDICARE (1-800-633-4227) or go to www.medicare.gov and select "Helpful Contacts."

BASIC INFORMATION

Home health care under the Original Medicare Plan is short-term skilled care at home after hospitalization or for the treatment of an illness or injury.

Home health agencies provide home care services, including skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, and care by home health aides.

Medicare Home Health Care benefits are available to patients if they meet four conditions:

- their doctor must decide that they need medical care in their home and must make a plan for that care;
- they must need intermittent skilled nursing care, physical therapy, speech language pathology services, or occupational therapy;
- they must be **homebound**; and
- the **home health agency** caring for them must be approved by the Medicare program.

If approved, Medicare will pay for skilled nursing and other services, according to a plan of care established by your doctor, from a Medicare certified home health agency in the community. Skilled nursing care is a level of care that must be given by registered nurses.

FIND OUT MORE

www.medicare.gov
Select Publications. "Medicare and Home Health Care [CMS Pub. No. 10969]" This booklet provides complete information on Home Health Care benefits.

www.aarp.org
Search "Providing for Parents at Home" for a caregivers' guide to community services and providing for the health care needs so older people can stay in their homes.

www.mowaa.org
The Meals on Wheels website can help search for a meal service program in your community.

www.caremanager.org
Locate a geriatric care manager who can oversee care for your older relative or friend, from National Association of Professional Geriatric Care.

CARE OPTIONS

Even if the person you are caring for is receiving care not covered under the Original Medicare Plan, there are options for ongoing care.

Some Medicare + Choice plans or Medigap policies may help with short-term care needs. The State Health Insurance Assistance Program (SHIP) can help you determine choices and coverage. (See the inside back cover.)

There are times when a person's needs extend beyond the intermittent skilled care provided through Medicare. Community-based services across the country support independent living and are designed to promote the health, well-being and independence of older adults. These services can also supplement the supportive activities of caregivers.

Often, community-based senior citizens' services offer companionship visits, help around the house, meal programs, caregiver respite, adult day care services, transportation, and more. These support services may be funded by state and county programs or offered by church or volunteer groups.

QUESTIONS TO ASK A HOME HEALTH AGENCY

- Is your agency Medicare approved?
- How long have you served the community?
- Does this agency provide the services my relative or friend needs?
- How are emergencies handled?
- Is the staff on duty around the clock?
- How much do services and supplies cost?
- Will you be in regular contact with the doctor?

Snapshot of Original Medicare Coverage for Qualified Home Health Care Patients

		Medicare Helps Pay	Medicare Doesn't Pay
Care	Home Health Aide (part time or intermittent)	●	
	Skilled Nursing Care (part time or intermittent)	●	
	Personal Care (full-time)		O
	24 Hour/Day Care at Home		O
	Homemaker (shopping, cleaning, laundry)		O
	Home Meal Delivery		O
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
Drugs	Prescription Drugs		O
Medical Supplies	Wound Dressings	●	
	Durable Medical Equipment	●	
	Some post-transplant drugs	●	
	Some cancer drugs	●	

Certain conditions will apply

FIND A MEDICARE APPROVED HOME HEALTH AGENCY

- Ask the doctor or hospital discharge planner
- Use a senior community referral service or agency
- Look in your telephone directory in the Yellow Pages under "home care" or "home health care"

www.first.gov
Click Benefits and Grants. Information on benefits such as Social Security, Medicare, pensions, and food assistance

www.nahc.org
Information on home care needs, provider qualifications, locating home care agencies, and paying for home health care from the National Association for Home Care

www.eldercare.gov
Identify your Area Agency on Aging and local resources, including long-term care, adult care centers, home health agencies, and senior centers. Or call the Eldercare Locator at 1-800-677-1116. Your AAA is part of a nationwide system that responds to the needs of seniors and their caregivers.

Nursing homes and housing options.

"Mom needs professional care around the clock. Will her insurance pay for a nursing facility? And how do I find a good nursing facility?"

START HERE

Serious and chronic illness may create a need for full time care outside the home. It is a decision you and the person you are caring for should discuss with the doctor — as well as other family members.

Start your search for nursing home care with Nursing Home Compare at **www.medicare.gov**. It is an interactive tool with many helpful links that can help you gather information about Medicare and Medicaid certified **nursing facilities** and **long-term care** options in your state. It also lets you compare the quality of nursing homes in your area.

If long term care is needed, you may want to consider in home services from a **home health** agency in your community. Look under Home Care or Home Health Services in your phone directory. Be aware that some community programs offer help with free meals, visits or transportation.

BASIC INFORMATION

Under limited conditions, Medicare will pay some nursing home costs such as when a patient needs skilled nursing or **rehabilitation** services after a hospital stay. For more information, call your local area **State Health Insurance Assistance Program (SHIP)** or **Nursing Home Ombudsman** (see **www.aoa.gov**).

NURSING HOMES AND MEDICAID: Medicaid is a state and federal program that will pay most nursing home costs for people with limited income and assets. Eligibility varies by state. Medicaid will pay only for nursing home care provided in a Medicaid certified facility. For information about Medicaid eligibility, call your State Health Insurance Assistance Program (SHIP) or State Medical Assistance office (call 1-800-MEDICARE [1-800-633-4227] for the number in your area).

TAKE NOTE: Medicare pays for short-term skilled nursing care if ordered by a physician. Medicare does not pay long-term custodial care in a nursing home. Generally, custodial care is paid by personal savings, long-term care insurance, or Medicaid.

FIND OUT MORE

www.medicare.gov
Select Nursing Home Compare for information about facilities across the nation.

Select Helpful Contacts. Search by State for your Nursing Home State Survey Agency for information and guidance in selecting a living facility.

Select Publications. "Your Guide to Choosing a Nursing Home" [CMS Pub. No. 02174], "Medicare Coverage of Skilled Nursing Facility Care" [CMS Pub. No. 10153], and "Choosing a Nursing Home" [CMS Pub. No. 02223].

www.aahsa.org
Find nonprofit residences, evaluate them, and choose a facility or provider at the website of the American Association of Homes and Services for the Aging.

www.ahca.org
Information about senior housing facilities, nursing homes, CCRCs, and assisted living facilities from the American Health Care Association.

CARE OPTIONS

There are several categories of care available in most communities—ranging from daytime activities to full-time care.

ADULT DAY CARE: Daily structured activities and health-related and rehabilitation services for the elderly who need a protective environment. Care is provided during the day and the individual returns home for the evening.

ASSISTED LIVING FACILITIES: Residential homes offering a range of services that usually include activities of daily living, supervision, and medication management.

CONTINUING CARE RETIREMENT COMMUNITIES (CCRC): A housing community that provides different levels of care based on resident's needs.

CUSTODIAL CARE: Assistance with daily activities such as bathing, eating, and dressing.

RESIDENTIAL CARE FACILITIES: Settings designed for independent living while offering meals, social and recreational activities, and other support.

SKILLED NURSING FACILITIES: Facilities with 24-hour supervision and medical and rehabilitative services for patients requiring a high level of care.

CONSIDER THIS WHEN CHOOSING A NURSING HOME

- Is the facility Medicare or Medicaid certified?
- Does the nursing home have the level of care needed (e.g., skilled, custodial) and a bed available?
- Does the nursing home have special services if needed in a separate unit (e.g., dementia, ventilator, or rehabilitation) and is a bed available?
- Are residents clean, well groomed, and appropriately dressed for the season or time of day?
- Is the nursing home free from strong unpleasant odors?
- Does the nursing home appear to be clean and well kept?
- Does the home conduct staff background checks?
- Does the staff interact warmly and respectfully with home residents?
- Does the home meet cultural, religious, or language needs?
- Are the home and the current administrator licensed?

You will want to make surprise visits at different times of the day to verify conditions.

For a complete nursing home checklist, visit www.medicare.gov and select "Nursing Homes" then select "Nursing Home Checklist."

MEDICARE'S NURSING HOME QUALITY INITIATIVE

CMS has also implemented a national quality initiative to help people compare nursing home quality of care. CMS is reporting a new set of quality measures and publishes the results. These quality measures are an additional source of information to help you choose a nursing home. A checklist is available to assist you. For this checklist or more information, call 1-800-MEDICARE (1-800-633-4227) or visit **www.medicare.gov** and select "Nursing Home Compare."

The state conducts inspections of each participating nursing home on average about once a year. The state also investigates complaints about nursing home care to make sure the homes meet the minimum Medicare and Medicaid quality and performance standards. CMS also works with quality improvement organizations in each state to help nursing homes improve the quality of care they give residents.

www.eldercare.gov
Information on selecting nursing homes in your area.

www.naic.org
Request the free publication, "Understanding Long-Term Care Insurance" from the National Association of Insurance Commissioners

Long-term care insurance: A private insurance policy purchased from an insurance company. The benefits and costs of these plans vary widely. For more information, contact the National Association of Insurance Commissioners (NAIC) at 816-783-8500. See "Find Out More".

Considering hospice care.

"The doctors have said there's really nothing more they can do for Uncle Jerry. Should we consider hospice care?"

START HERE

Hospice care is a special way of caring for people who are terminally ill—and helping their families cope. The goal of hospice is to provide end of life care, not to cure the illness. This care includes medical social services, care by the patient's doctor, nurses, counselors, social workers' visits, and other types of services.

Call your Regional Home Health Intermediary (RHHI) for more information about Medicare hospice benefits. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of hospice and home health care. Your State Hospice Organization can also help you locate hospice care.

To get local phone numbers for your RHHI or State Hospice Organization, call 1-800-MEDICARE (1-800-633-4227).

BASIC INFORMATION

Medicare's hospice benefit provides for support and comfort to terminally ill patients—including services not usually paid for by Medicare. To be eligible for hospice care, the patient must have Medicare Part A and:

- The doctor and hospice medical director must certify that the patient is terminally ill and has probably six months or less to live.
- The patient must sign a statement choosing hospice care instead of routine Medicare covered benefits for their terminal illness.
- The patient must receive care from a Medicare-approved hospice program.

Be aware that Medicare hospice benefits do not include treatment to cure terminal illness. If the patient's health improves or illness goes into remission, he or she always has the right to stop getting hospice care and go back to the regular Medicare health plan. A hospice patient will continue to have Medicare benefits to help pay for treatment of conditions unrelated to the terminal illness.

To find a hospice program, call 1-800-MEDICARE (1-800-633-4227) or your State Hospice Organization in the blue pages of your telephone book. Medicare requires care to be provided by the hospice agency and hospice team you choose.

FIND OUT MORE

www.medicare.gov
Select Publications - "Medicare Hospice Benefits" (HMS Pub. No. 02154). Select Helpful Contacts - Search by State for your State Hospice Organization and Regional Home Health Intermediary.

www.nhpco.org
Information on hospice programs across the United States from the National Hospice and Palliative Care Organization.

www.hospiceinfo.org
Free booklets: "Hospice Care & The Medicare Hospice Benefit" and "Hospice Care: A Consumer's Guide to Selecting a Hospice Program" from the National Hospice Foundation.

www.hospice-america.org
Information from the organization that represents hospices, caregivers, and volunteers serving terminally ill patients and their families, the Hospice Association of America.

HOSPICE CARE

Most hospice patients receive hospice care in the comfort of their home and with their families. Depending on the patient's condition, hospice care also may be given in a Medicare-approved hospice facility, hospital, or nursing home. Hospice volunteers are available to do household chores, provide companionship, and offer support to the patient and family.

Medicare pays for inpatient respite care (short term care for hospice patients) so that the usual caregiver can rest.

CONSIDER THIS WHEN SELECTING HOSPICE CARE PROVIDERS

- Does the hospice provider train family caregivers to care for the patient at home?
- How will the patient's doctor work with the doctor in the hospice program?
- How many other patients are assigned to the hospice care staff?
- Does the hospice staff meet regularly with the patient and family to discuss care?
- How does the hospice staff respond to after-hour emergencies?
- What measures are in place to ensure hospice care quality?
- What services do hospice volunteers offer? Are they trained?
- Is the hospice program certified and licensed by the state or federal government?

Snapshot of Original Medicare Coverage for Hospice Care

		Medicare Helps Pay	Medicare Doesn't Pay
Medical Care	Doctor's Services	●	
	Skilled Nursing	●	
	Curative Treatments for Terminal Illness		○
Support Care	Homemaker Services	●	
	Home Health Aide	●	
	Short-term Hospital Care Including Respite Care	●	
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
	Dietary Counseling	●	
	Counseling for Patient and Family	●	
Drugs	Symptom Control (except copayments up to $5)	●	
	Pain Relief (except copayments up to $5)	●	
Medical Supplies	Wheel Chairs or Walkers	●	
	Wound Dressings	●	

Certain conditions will apply

HOW TO HELP
Next Steps

You can support your older relative or friend by becoming familiar with Medicare and other senior services. The resources in this booklet provide a starting point. Once you gather the information, the next step is to contact the people and organizations that can support your loved one in a personal way. [redacted] is a comprehensive source of Medicare information. You can talk with a Medicare Customer Service Representative at [redacted] (1-800-633-4227). TTY users should call 1-877-486-2048. Be sure to request or download your own copy of the *Medicare & You Handbook* (CMS Pub. No. 10050) for easy reference. You may also request or download other topic-specific publications. Medicare is working to meet the needs of beneficiaries—and those who care for them.

GLOSSARY

Advance Directives
A written document stating how you want medical decisions to be made if you lose the ability to make them for yourself. It may include a Living Will and a Durable Power of Attorney for health care.

Custodial Care
Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom. Medicare does not pay for custodial care.

Durable Power of Attorney
A legal document that enables you to designate another person, called the attorney-in-fact, to act on your behalf, in the event you become disabled or incapacitated.

Fiscal Intermediary
A private company that has a contract with Medicare to pay Part A and some Part B bills. They can answer your questions about Part A bills, services, hospital care, skilled nursing care, and fraud and abuse.

Health Maintenance Organizations (HMO)
A type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. You usually must get your care from the providers in the plan.

Home Health Agency
An organization that gives home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and care by home health aides.

Home Health Care
Skilled nursing care and certain other health care you get in your home for the treatment of an illness or injury.

Homebound
To receive Medicare Home Health Care benefits, you must be homebound. This means you are generally unable to leave your home without assistance; however, you may leave for medical treatments or short, infrequent absences for nonmedical reasons, or for adult day care.

Hospice (Palliative Care)
Hospice is a special way of caring for people who are terminally ill, and for their families. This care includes physical care and counseling.

Living Will
A legal document also known as a medical directive or advance directive. It states your wishes regarding life-support or other medical treatment in certain circumstances, usually when death is imminent.

Long-term Care
A variety of services that help people with health or personal needs and activities of daily living over a period of time. Most long-term care is custodial care. Medicare does not pay for this type of care. It is important to consider purchasing long-term care insurance to help pay for many of these services.

Managed Care
Includes Health Maintenance Organizations (HMO) and other plans that provide health services on a prepayment basis, which is based either on cost or risk, depending on the type of contract they have with Medicare.

Medicare Part A
Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Most people are automatically eligible for Part A upon turning age 65.

Medicare Part B
Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. You must choose to enroll in Part B, which requires payment of monthly premiums.

Medicare Private Fee-for-Service Plan
A private insurance plan that accepts people with Medicare. The insurance plan, rather than the Medicare program, decides how much it will pay and what you will pay for the services you get.

Medicare + Choice
A Medicare program that gives you more choices among health plans. These plans include both Managed Care plans and Private Fee-for-Service plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease.

Medigap Policy
Generally, a Medicare supplement insurance policy sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. Except in Massachusetts, Minnesota and Wisconsin, there are 10 standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Nursing Facility
A facility which primarily provides skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.

Nursing Home
A residence that provides care to people who cannot be cared for at home or in the community. Such a residence provides meals, and helps with activities of daily living and recreation. Generally, nursing home residents cannot live on their own due to physical, emotional, or mental problems. They usually require daily assistance. Medicare does not pay for most nursing home care.

Ombudsman
An advocate (supporter) who works to solve problems between residents and nursing homes, as well as assisted living facilities.

Original Medicare Plan
See: Medicare Private Fee-for-Service Plan.

Part A
See: Medicare Part A.

Part B
See: Medicare Part B.

Power of Attorney
A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care. This type of advance directive also may be called a health care proxy, appointment of health care agent or a durable power of attorney for health care.

Regional Home Health Intermediary (RHHI)
A private company that contracts with Medicare to pay home health bills and check on the quality of home health care.

Rehabilitation
Rehabilitative services are ordered by your doctor to help you recover from an illness or injury. These services are given by nurses and physical, occupational, and speech therapists. Examples include working with a physical therapist to help you walk and with an occupational therapist to help you get dressed.

Respite Care
Temporary or periodic care provided in a nursing home, assisted living residence, or other type of long-term care program so that the usual caregiver can rest or take some time off. Medicare only pays for respite care when it is related to hospice.

Skilled Nursing Facility (SNF)
A facility that is Medicare certified and provides skilled nursing care and/or skilled rehabilitation services and other related health services. You must meet certain conditions for Medicare to pay for this type of care after a Medicare-covered hospital stay of three days or more.

State Health Insurance Assistance Program (SHIP)
A state program that gets money from the federal government to give free health insurance counseling and assistance to people with Medicare.

State Medical Assistance Office
A state agency that is in charge of the State's Medicaid program and can provide information about programs to help pay medical bills for people with low incomes. Also provides help with prescription drug coverage.

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

These phone numbers were current at the time of printing. Please call 1-800-MEDICARE (1-800-633-4227) or check www.medicare.gov under "Helpful Contacts" if you have any problems with a number.

Alabama
1 (800)243-5463

Alaska
1 (800)478-6065 in-state calls only

American Samoa
1 (888)875-9229

Arizona
1 (800)432-4040

Arkansas
1 (800)224-6330

California
1 (800)434-0222

Colorado
1 (888)696-7213

Connecticut
1 (800)994-9422 in-state calls only

Delaware
1 (800)336-9500 in-state calls only

Florida
1 (800)963-5337

Georgia
1 (800)669-8387

Guam
1 (888)875-9229

Hawaii
1 (888)875-9229

Idaho
1 (800)247-4422 in-state calls only

Illinois
1 (800)548-9034 in-state calls only

Indiana
1 (800)452-4800 in-state calls only

Iowa
1 (800)351-4664

Kansas
1 (800)860-5260 in-state calls only

Kentucky
1 (877)293-7447 in-state calls only

Louisiana
1 (800)259-5301 in-state calls only

Maine
1 (800)750-5353 in-state calls only

Maryland
1 (800)243-3425 in-state calls only

Massachusetts
1 (800)243-4636 in-state calls only

Michigan
1 (800)803-7174

Minnesota
1 (800)333-2433

Mississippi
1 (800)948-3090

Missouri
1 (800)390-3330

Montana
1 (800)332-2272 in-state calls only

Nebraska
1 (800)234-7119

Nevada
1 (800)307-4444

New Hampshire
1 (800)852-3388 in-state calls only

New Jersey
1 (800)792-8820 in-state calls only

New Mexico
1 (800)432-2080 in-state calls only

New York
1 (800)333-4114

North Carolina
1 (800)443-9354 in-state calls only

North Dakota
1 (800)247-0560

Northern Mariana Islands
1 (888)875-9229

Ohio
1 (800)686-1578

Oklahoma
1 (800)763-2828 in-state calls only

Oregon
1 (800)722-4134 in-state calls only

Pennsylvania
1 (800)783-7067

Puerto Rico
1 (877)725-4300 in-state calls only

Rhode Island
1 (401)222-2880

South Carolina
1 (800)868-9095 in-state calls only

South Dakota
1 (800)822-0804 in-state calls only

Tennessee
1 (877)801-0044

Texas
1 (800)252-9240

Utah
1 (800)541-7735 in-state calls only

Vermont
1 (800)642-5119 in-state calls only

Virgin Islands
1 (340)778-6311

Virginia
1 (800)552-3402

Washington
1 (800)397-4422

Washington DC
1 (202)676-3900

West Virginia
1 (877)987-4463

Wisconsin
1 (888)242-1060

Wyoming
1 (800)856-4398

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AOA Administration on Aging

ALZHEIMER'S ASSOCIATION

National Association of Area Agencies on Aging

National Council on Aging

SBA U.S. Small Business Administration

WFN Work Family Network of Maryland

CMS